

**TOWN OF DAVIE  
TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Herb Hyman/797-1016

**PREPARED BY:** Herb Hyman/797-1016

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** All

**ITEM REQUEST:** Schedule for Council Meeting

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF FIRST VEHICLE SERVICES, INC. TO PROVIDE FLEET MAINTENANCE SERVICES AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

**REPORT IN BRIEF:** The Town solicited competitive sealed proposals for fleet maintenance services . RFP documents were sent to three (3) prospective proposers. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received three (3) proposals. All proposals are available for viewing in the Purchasing Division. The selection committee short listed all three (3) proposers to make an oral presentation. Following oral presentations, the selection committee ranked the firms. First Vehicle Services, Inc. was ranked as the firm best qualified to provide the required services in accordance with the ranking totals attached hereto.

**PREVIOUS ACTIONS:** Not applicable.

**CONCURRENCES:** First Vehicle Services, Inc. was chosen by the selection committee.

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: To be negotiated with the highest ranked firm.

Account Name: Vehicle Maintenance-Contractual Repairs Account

Additional Comments:

**RECOMMENDATION(S):** Motion to approve the resolution.

**Attachment(s):**

Procurement Authorization

Selection Committee Rankings

Incorporation information

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF FIRST VEHICLE SERVICES, INC. TO PROVIDE FLEET MAINTENANCE SERVICES AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals to provide fleet maintenance services;  
and

WHEREAS, the selection committee has selected First Vehicle Services, Inc. as the firm best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of First Vehicle Services, Inc. as the firm best qualified to provide the required services and authorizes the Town Administrator or his designee to negotiate an agreement for such services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007

\_\_\_\_\_

—

MAYOR/COUNCILMEMBER

Attest:

\_\_\_\_\_

TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007

# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

**ACCOUNT NUMBER.** 050-0759591-0438 **BUDGET ITEM & DESCRIPTION** FLEET MAINTENANCE SERVICES **APPROXIMATE COST** \$1,400,000.00

**METHOD OF PROCUREMENT (check the one that applies)**

- ☐ Open Competitive Bidding  
☐ Piggyback on Contract Number \_\_\_\_\_  
☐ Sole Source  
☒ Request For Proposals

**SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED**

Signed W. A.  
Department Head

Have Funds been Reserved N/A - THIS WILL BE A FY 08 EXPENDITURE

Date 7/25/07 Signed [Signature]

Signed Gary Shuman  
Town Administrator

| VENDOR                      | BIDS SUBMITTED | COST            |
|-----------------------------|----------------|-----------------|
| FIRST VEHICLE SERVICES      | RANKED         | 1 <sup>ST</sup> |
| ALL STAR TECHNICAL SERVICES | RANKED         | 2 <sup>ND</sup> |
| PENSEE TRUCK LEASING        | RANKED         | 3 <sup>RD</sup> |
|                             |                |                 |
|                             |                |                 |
|                             |                |                 |
|                             |                |                 |
|                             |                |                 |
|                             |                |                 |

Signed [Signature]  
Procurement Manager

| BID SPECIFICATION COMMITTEE'S RECOMMENDATION |                        |
|--|------------------------|
| Vendor                                       | Cost                   |
| FIRST VEHICLE SERVICES                       | RANKED 1 <sup>ST</sup> |

|    | A                | B                   | C      | D           |
|----|------------------|---------------------|--------|-------------|
| 1  |                  |                     |        |             |
| 2  |                  |                     |        |             |
| 3  |                  | VEHICLE MAINTENANCE |        |             |
| 4  |                  | SERVICES            |        |             |
| 5  |                  |                     |        |             |
| 6  | COMMITTEE MEMBER | FIRST               | PENSKE | ALL STAR    |
| 7  |                  | VEHICLE             | TRUCK  | MAINTENANCE |
| 8  |                  |                     |        |             |
| 9  | R. MUNIZ         | 1                   | 2      | 3           |
| 10 | M. KUTNEY        | 4                   | 3      | 1           |
| 11 | L. NGUYEN        | 1                   | 3      | 2           |
| 12 | M. DIEZ          | 1                   | 3      | 2           |
| 13 | W. ACKERMAN      | 1                   | 3      | 2           |
| 14 | B. CARNEY        | 1                   | 3      | 2           |
| 15 | F. SURIANO       | 1                   | 3      | 2           |
| 16 | B. PEELE         | 1                   | 3      | 3           |
| 17 | H. HYMAN         | 1                   | 3      | 2           |
| 18 |                  |                     |        |             |
| 19 | TOTAL            | 8                   | 22     | 18          |
| 20 |                  |                     |        |             |
| 21 | RANKING          | 1st                 | 3rd    | 2nd         |
| 22 |                  |                     |        |             |

| FLORIDA DEPARTMENT OF STATE<br>DIVISION OF CORPORATIONS                         |                              |  |                                   |  |                                    |
|---|------------------------------|---|-----------------------------------|---|------------------------------------|
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| No Events   |                              | No Name History   |                                   |   |                                    |
| <b>Detail by Entity Name</b>  |                              |   |                                   |   |                                    |
| <b>Foreign Profit Corporation</b>   |                              |   |                                   |   |                                    |
| FIRST VEHICLE SERVICES, INC.  |                              |   |                                   |   |                                    |
| <b>Filing Information</b>   |                              |   |                                   |   |                                    |
| Document Number   | F04000004753                 |   |                                   |   |                                    |
| FEI Number  | 200441528                    |   |                                   |   |                                    |
| Date Filed  | 08/18/2004                   |   |                                   |   |                                    |
| State   | DE                           |   |                                   |   |                                    |
| Status  | ACTIVE                       |   |                                   |   |                                    |
| <b>Principal Address</b>  |                              |   |                                   |   |                                    |
| 705 CENTRAL AVE., SUITE 300<br>CINCINNATI OH 45202                              |                              |   |                                   |   |                                    |
| <b>Mailing Address</b>  |                              |   |                                   |   |                                    |
| 705 CENTRAL AVE., SUITE 300<br>CINCINNATI OH 45202                              |                              |   |                                   |   |                                    |
| <b>Registered Agent Name &amp; Address</b>                                      |                              |   |                                   |   |                                    |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 US |                              |   |                                   |   |                                    |
| <b>Officer/Director Detail</b>  |                              |   |                                   |   |                                    |
| <b>Name &amp; Address</b>   |                              |   |                                   |   |                                    |
| Title PC  |                              |   |                                   |   |                                    |
| BRYAN, EVERTON<br>705 CENTRAL AVE., SUITE 300<br>CINCINNATI OH 45202            |                              |   |                                   |   |                                    |
| Title SV  |                              |   |                                   |   |                                    |
| BLOSS, J. MICHAEL<br>705 CENTRAL AVE., SUITE 300<br>CINCINNATI OH 45202         |                              |   |                                   |   |                                    |
| Title VGCS  |                              |   |                                   |   |                                    |
| MURRAY, MICHAEL C   |                              |   |                                   |   |                                    |

705 CENTRAL AVE., SUITE 300  
CINCINNATI OH 45202

Title VD

CROOKES, PHILIP J  
705 CENTRAL AVE., SUITE 300  
CINCINNATI OH 45202

Title CFO

JOHNSON, WAYNE  
705 CENTRAL AVE., SUITE 300  
CINCINNATI OH 45202

Title AT

BRIAN, BEECHEM  
705 CENTRAL AVE., SUITE 300  
CINCINNATI OH 45202

### **Annual Reports**

| <b>Report Year Filed Date</b> |            |
|-------------------------------|------------|
| <b>2005</b>                   | 04/20/2005 |
| <b>2006</b>                   | 01/04/2006 |
| <b>2007</b>                   | 04/23/2007 |

### **Document Images**

[04/23/2007 -- ANNUAL REPORT](#)

[01/04/2006 -- ANNUAL REPORT](#)

[04/20/2005 -- ANNUAL REPORT](#)

[08/18/2004 -- Foreign Profit](#)

**Note:** This is not official record. See documents if question or conflict.

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**Entity Name**

**No Events**

**No Name History**

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**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific  
Instructions on page 2

|  |  |
|--|--|
| Name (as shown on your income tax return)<br><b>First Vehicle Services, Inc.</b>   |  |
| Business name, if different from above   |  |
| Check appropriate box: <input type="checkbox"/> Individual/<br>Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... | <input type="checkbox"/> Exempt from backup<br>withholding |
| Address (number, street, and apt. or suite no.)<br><b>705 Central Avenue, Suite 300</b>  | Requester's name and address (optional)                    |
| City, state, and ZIP code<br><b>Cincinnati, OH 45202</b>   |  |
| List account number(s) here (optional)   |  |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                                |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number         |   |   |   |   |   |   |   |   |
|                                |   |   |   |   |   |   |   |   |
| or                             |   |   |   |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |
| 2                              | 0 | 0 | 4 | 4 | 1 | 5 | 2 | 8 |

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

|           |  |                       |
|-----------|--|-----------------------|
| Sign Here | Signature of U.S. person ▶ <i>Michael Blas</i> | Date ▶ <i>9-13-07</i> |
|-----------|--|-----------------------|

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
  - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
  - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,

# **Vendor/Bidder Disclosure**

I, J. Michael Bloss, being first duly sworn state that:  
 The full legal name and business address of the person(s) or entity contracting with the  
 Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

|  |                                      |
|--|--------------------------------------|
| Name of Individual, Firm, or Organization: | <u>First Vehicle Services, Inc.</u>  |
| Address:                                   | <u>705 Central Avenue, Suite 300</u> |
|  | <u>Cincinnati, OH 45202</u>          |
| FEDIN                                      | <u>20-0441528</u>                    |
| State and date of incorporation            | <u>Delaware - 11/26/03</u>           |

## **OWNERSHIP DISCLOSURE AFFIDAVIT**

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

| Full Legal Name | Address | Ownership |
|-----------------|---------|-----------|
| <u>N/A</u>      |         | <u>%</u>  |
|                 |         | <u>%</u>  |
|                 |         | <u>%</u>  |
|                 |         | <u>%</u>  |

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

| Full Legal Name | Address |
|-----------------|---------|
| <u>N/A</u>      |         |
|                 |         |
|                 |         |
|                 |         |

By: J. Michael Bloss  
Signature of Affiant

Date: 9-13-07

J. Michael Bloss

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 13<sup>th</sup> day of  
September 2007, by J. Michael Bloss, he/she is  
personally known to me or has presented (personally known) as  
identification.

Gayla S. Maxwell  
Notary Public, State of ~~Florida~~ at Large  
Ohio

Gayla S. Maxwell  
Print or Stamp of Notary

2003-F-73128

Serial Number

My Commission Expires: 3/12/09

GAYLA MAXWELL  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires 03-12-09